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## APPLICANTS

Akira Nakagawara, Chiba, JAPAN;  
 Toshinori Ozaki, Chiba, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/JP04/12955 09/06/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-314345 09/05/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/11/2007

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 19	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 9
Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature: <i>Stacy M. [Signature]</i>		Initials: <i>SNM</i>			

## ADDRESS

42798

## TITLE

Agent For Prevention And/Or Treatment Of Alzheimer's Disease

<b>FILING FEE RECEIVED</b> 2230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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